

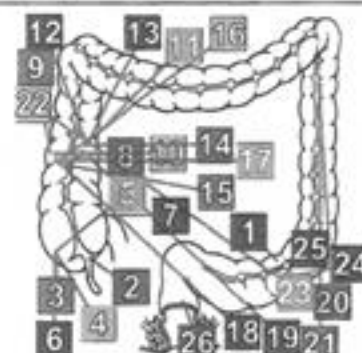
**Digestive Diseases Diagnostic & Treatment Center**

214 Ave P  
Brooklyn, N.Y. 11204  
P. 718.339.5678  
F. 718.376.0405

<b>Patient Name:</b>	Joseph Gagliardo	<b>Procedure Date:</b>	4/9/2018 9:00 AM
<b>MRN:</b>	7053	<b>Date of Birth:</b>	6/24/1957
<b>Age:</b>	60	<b>Room:</b>	Procedure Room B
<b>Gender:</b>	Male	<b>Attending MD:</b>	Paul Cohen, MD
<b>Ethnicity:</b>	Caucasian Non-Hispanic		

**Procedure:** Colonoscopy  
**Indications:** High risk colon cancer surveillance: Personal history of colonic polyps  
**Providers:** Paul Cohen, MD (Doctor), Ishu Kumar, CRNA (Anesthesia Staff)  
**Referring MD:**  
**Requesting Provider:**  
**Medicines:** Monitored Anesthesia Care  
**Complications:** No immediate complications. Estimated blood loss: Minimal.

**Procedure:** Pre-Anesthesia Assessment:  
 - I attest that I supervised the attending CRNA through all key portions of the anesthetic case and was immediately available throughout the perioperative course.  
 - Prior to the procedure, a History and Physical was performed, and patient medications and allergies were reviewed. The patient is competent. The risks and benefits of the procedure and the sedation options and risks were discussed with the patient. All questions were answered and informed consent was obtained. Patient identification and proposed procedure were verified by the physician, the anesthetist and the technician in the pre-procedure area. Mental Status Examination: alert and oriented. Airway Examination: normal oropharyngeal airway and neck mobility. Respiratory Examination: clear to auscultation. CV Examination: normal. Prophylactic Antibiotics: The patient does not require prophylactic antibiotics. Prior Anticoagulants: The patient has taken no previous anticoagulant or antiplatelet agents. ASA Grade Assessment: II - A patient with mild systemic disease. After reviewing the risks and benefits, the patient was deemed in satisfactory condition to undergo the procedure. The anesthesia plan was to use monitored anesthesia care (MAC). Immediately prior to administration of medications, the patient was re-assessed for adequacy to receive sedatives. The heart rate, respiratory rate, oxygen saturations, blood pressure, adequacy of pulmonary ventilation, and response to care were monitored throughout the procedure. The physical status of the patient was re-assessed after the procedure. After I obtained informed consent, the scope was passed under direct vision. Throughout the procedure, the patient's blood pressure, pulse, and oxygen saturations were monitored continuously. The Colonoscope was introduced through the anus and advanced to the cecum, identified by appendiceal orifice and ileocecal valve. The colonoscopy was performed without difficulty. The patient tolerated the procedure well. The quality of the bowel preparation was good. The ileocecal valve, appendiceal orifice, and rectum were photographed.



The Colon

**Findings:**

A 3 mm polyp was found in the cecum. The polyp was sessile. The polyp was removed with a hot biopsy forceps. Resection and retrieval were complete.

A 5 mm polyp was found in the mid ascending colon. The polyp was sessile. The polyp was removed with a hot snare. Resection and retrieval were complete.

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D12.5, Benign neoplasm of sigmoid colon  
K64.0, First degree hemorrhoids  
K57.30, Diverticulosis of large intestine without perforation or abscess without bleeding

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The codes documented in this report are preliminary and upon coder review may be revised to meet current compliance requirements.

Paul Cohen, MD  
Finalized Date: 4/9/2018 10:11:38 AM  
This report has been signed electronically.  
Number of Addenda: 0  
Note Initiated On: 4/9/2018 9:00:25 AM  
Scope Withdrawal Time:  
18 Minutes 8 Seconds  
Total Procedure Duration Time:  
22 Minutes 13 Seconds



FINAL for GAGLIARDO, JOSEPH (CO2018-000178)

**Paul Cohen, M.D., PC****Jacob Schreiber, M.D., Medical Director**  
1336 Utica Avenue, Brooklyn, NY 11203Phone: (718) 221-0415 | Fax: 718-363-9772  
CLIA: 33D2026511

Patient Name: GAGLIARDO, JOSEPH  
 Date of Birth: 06/24/1957 Age: 60 Patient Phone: (646) 341-1478  
 Patient Number: 7053 Sex: M  
 Procedure Location: DIGESTIVE DISEASE & TREATMENT CENTER  
 Requesting Physician: Paul Cohen, M.D.  
 Referring Physician(s): None

Case Number: CO2018-000178  
 Collection Date: 04/09/2018  
 Date Received: 04/11/2018  
 Date Reported: 04/16/2018  
 Requisition: 01906878

**Clinical History:**

High risk colon cancer surveillance; Personal history of colonic polyps; Heartburn  
 Findings: LA Grade B reflux esophagitis; Small hiatal hernia; Gastritis; Duodenal erosions without bleeding; Normal second portion of the duodenum; One 3 mm polyp in the cecum; Four (3 mm to 8 mm) polyps in the mid ascending colon; One 3 mm polyp in the proximal descending colon; One 5 mm polyp in the sigmoid colon; Diverticulosis in the entire examined colon; Non-bleeding internal hemorrhoids; The examination was otherwise normal on direct and retroflexion views

**Diagnosis:**

- A. SECOND PART OF DUODENUM (BIOPSY), COLD FORCEPS, R/O CELIAC SPRUE  
**SMALL BOWEL MUCOSA WITH NO SIGNIFICANT HISTOPATHOLOGIC CHANGES.**  
 Negative for celiac disease, parasites, and enteritis.
- B. GASTRIC ANTRUM (BIOPSY), COLD FORCEPS, R/O H PYLORI  
**CHRONIC GASTRITIS, MILD.**  
 Negative for H. Pylori, intestinal metaplasia, and dysplasia.
- C. GASTRIC BODY (BIOPSY), COLD FORCEPS, R/O H PYLORI  
**CHRONIC GASTRITIS, MILD.**  
 Negative for H. Pylori, intestinal metaplasia, and dysplasia.
- D. G/E JUNCTION (BIOPSY), # 1, COLD FORCEPS, R/O BARRETT'S  
**COLUMNAR MUCOSA WITH MILD CHRONIC INFLAMMATION.**  
 Negative for fungi, intestinal metaplasia, eosinophilic esophagitis, H. Pylori, viral inclusions, and dysplasia.
- E. G/E JUNCTION (BIOPSY), # 2, COLD FORCEPS, R/O BARRETT'S  
**REFLUX ESOPHAGITIS, MILD.**  
 Squamous and columnar mucosa negative for fungi, intestinal metaplasia, eosinophilic esophagitis, viral inclusions, and dysplasia.
- F. CECUM (POLYP), HOT FORCEPS  
**HYPERPLASTIC POLYP.**  
 Negative for adenoma and malignancy.
- G. ASCENDING COLON (POLYPECTOMY), # 1, HOT SNARE  
**TUBULAR ADENOMA.**  
 Negative for high grade dysplasia and malignancy.

Technical Component performed by Robert S. Smith, M.D., Inc. d/b/a EndoChoice Pathology, CLIA #11D0645901  
 11390 Old Roswell Road, Suite 100, Alpharetta GA 30009

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 Requesting Physician: Paul Cohen, M.D.  
 Referring Physician(s): None

Case Number: CO2018-000178  
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## Diagnosis: (continued)

H. ASCENDING COLON (POLYP), # 2, HOT FORCEPS  
 TUBULAR ADENOMA.  
 Negative for high grade dysplasia and malignancy.

I. ASCENDING COLON (POLYP), # 3, HOT FORCEPS  
 TUBULAR ADENOMA.  
 Negative for high grade dysplasia and malignancy.

J. ASCENDING COLON (POLYPECTOMY), # 4, HOT SNARE  
 TUBULAR ADENOMA.  
 Negative for high grade dysplasia and malignancy.

K. DESCENDING COLON (POLYP), HOT FORCEPS  
 TUBULAR ADENOMA.  
 Negative for high grade dysplasia and malignancy.

L. SIGMOID COLON (POLYPECTOMY), HOT SNARE  
 TUBULAR ADENOMA.  
 Negative for high grade dysplasia and malignancy.

## Microscopic Findings:

- A. Microscopic evaluation is performed supportive of the FINAL DIAGNOSIS.
- B. Microscopic evaluation is performed supportive of the FINAL DIAGNOSIS. IHC stain for H. Pylori ordered with appropriate controls; controls demonstrate appropriate positive and negative reactivity.
- C. Microscopic evaluation is performed supportive of the FINAL DIAGNOSIS. IHC stain for H. Pylori ordered with appropriate controls; controls demonstrate appropriate positive and negative reactivity.
- D. Microscopic evaluation is performed supportive of the FINAL DIAGNOSIS. ALCIAN BLUE/PAS stain ordered with appropriate controls; controls demonstrate appropriate positive and negative reactivity.
- E. Microscopic evaluation is performed supportive of the FINAL DIAGNOSIS. ALCIAN BLUE/PAS stain ordered with appropriate controls; controls demonstrate appropriate positive and negative reactivity.
- F. Microscopic evaluation is performed supportive of the FINAL DIAGNOSIS.
- G. Microscopic evaluation is performed supportive of the FINAL DIAGNOSIS.
- H. Microscopic evaluation is performed supportive of the FINAL DIAGNOSIS.
- I. Microscopic evaluation is performed supportive of the FINAL DIAGNOSIS.
- J. Microscopic evaluation is performed supportive of the FINAL DIAGNOSIS.
- K. Microscopic evaluation is performed supportive of the FINAL DIAGNOSIS.
- L. Microscopic evaluation is performed supportive of the FINAL DIAGNOSIS.

Technical Component performed by Robert S. Smith, M.D., Inc. d/b/a EndoChoice Pathology, CLIA #11D0645901  
 11380 Old Roswell Road, Suite 100, Alpharetta GA 30009



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CLIA: 33D2026511

**Patient Name:** GAGLIARDO, JOSEPH  
**Date of Birth:** 06/24/1957 **Age:** 60 **Patient Phone:** (646) 341-1478  
**Patient Number:** 7053 **Sex:** M  
**Procedure Location:** DIGESTIVE DISEASE & TREATMENT CENTER  
**Requesting Physician:** Paul Cohen, M.D.  
**Referring Physician(s):** None

**Case Number:** CO2018-000178  
**Collection Date:** 04/09/2018  
**Date Received:** 04/11/2018  
**Date Reported:** 04/16/2018  
**Requisition:** 01906878

**Gross:**

- A. The specimen is submitted in a formalin filled vial labeled with the patient's name and "second part". Number of tissue pieces: 1. Color: tan. Size: 0.3 cm in diameter.
- B. The specimen is submitted in a formalin filled vial labeled with the patient's name and "antrum". Number of tissue pieces: 1. Color: tan. Size: 0.2 cm in diameter.
- C. The specimen is submitted in a formalin filled vial labeled with the patient's name and "body". Number of tissue pieces: 1. Color: tan. Size: 0.3 cm in diameter.
- D. The specimen is submitted in a formalin filled vial labeled with the patient's name and "GE junction #1". Number of tissue pieces: 1. Color: tan. Size: 0.2 cm in diameter.
- E. The specimen is submitted in a formalin filled vial labeled with the patient's name and "GE junction #2". Number of tissue pieces: 1. Color: tan. Size: 0.2 cm in diameter.
- F. The specimen is submitted in a formalin filled vial labeled with the patient's name and "cecum". Number of tissue pieces: 1. Color: tan. Size: 0.3 cm in diameter.
- G. The specimen is submitted in a formalin filled vial labeled with the patient's name and "ascending #1". Number of tissue pieces: 3. Color: tan. Size: 0.5 cm in aggregate diameter.
- H. The specimen is submitted in a formalin filled vial labeled with the patient's name and "ascending #2". Number of tissue pieces: 1. Color: tan. Size: 0.2 cm in diameter.
- I. The specimen is submitted in a formalin filled vial labeled with the patient's name and "ascending #3". Number of tissue pieces: 1. Color: tan. Size: 0.3 cm in diameter.
- J. The specimen is submitted in a formalin filled vial labeled with the patient's name and "ascending #4". Number of tissue pieces: multiple. Color: tan. Size: 1.0 cm in aggregate diameter.
- K. The specimen is submitted in a formalin filled vial labeled with the patient's name and "descending". Number of tissue pieces: 1. Color: tan. Size: 0.3 cm in diameter.
- L. The specimen is submitted in a formalin filled vial labeled with the patient's name and "sigmoid". Number of tissue pieces: 1. Color: tan polyp. Size: 0.5 cm in diameter. No stalk is present. Bisected.

(AJO/H)

CPT Codes: 88305(12) 88313(2) 88342(2)

ICD10 Codes: A: K63.9 D: K21.0 E: K21.0 F: K63.5 G: D12.2 H: D12.2 I: D12.2 J: D12.2 K: D12.4 L: D12.5

Electronically Signed By:

Jacob Schreiber, PATHOLOGIST  
 (Case signed 04/16/2018 at 05:26pm)

EndoChoice Pathology (the "Lab") is certified under the Clinical Laboratory Improvement Amendments (CLIA) as qualified to perform high complexity clinical laboratory testing. Additionally, the Lab holds its accreditation through the College of American Pathologists ("CAP"). The FDA does not require the Antigen Specific Reagent (H. Pylori) testing to go through premarket FDA review. This test was developed and its performance characteristics determined by EndoChoice Pathology. It has not been cleared or approved by the US Food and Drug Administration.

Technical Component performed by Robert S. Smith, M.D., Inc. d/b/a EndoChoice Pathology, CLIA #11D0645901  
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**Patient Name: Joseph Gagliardo**  
**MRN: 7053**

**UGI Discharge Instructions**

You have undergone a **Upper GI endoscopy** with **Paul Cohen, MD** on **Monday, April 09, 2018**.

**Findings:**

- **LA Grade B reflux esophagitis. Rule out Barrett's esophagus. Biopsied.**
- **Small hiatal hernia.**
- **Gastritis. Biopsied.**
- **Duodenal erosions without bleeding.**
- **Normal second portion of the duodenum. Biopsied.**

**Your physician recommends:**

You have a contact number available for emergencies. The signs and symptoms of potential delayed complications were discussed with you. You may return to normal activities tomorrow. Written discharge instructions were provided to you.

You are being discharged to home.

We are waiting for your pathology results.

Take **Prilosec (omeprazole) 40 mg** by mouth once a day for three months.

Your physician has recommended a colonoscopy today.

If you had a biopsy, follow-up on the results of the biopsy specimens in 2 weeks.

Repeat **Upper GI endoscopy** interval to be determined pending pathology.

Resume medications.

Reports of your procedure and these recommendations have been sent to:

**Please note the potential after effects documented in the following Discharge Instructions:**

Sedative medication given for procedures can slow your reaction time and coordination for many hours. If you receive medications, it is important for your safety to follow the instructions below for the remainder of the day:

- **BE TAKEN** directly home from the hospital and rest quietly.
- **Do NOT** resume normal activities until tomorrow.
- **Do NOT** drive, return to work, or operate any machinery or power tools.
- **Do NOT** make any important personal or business decisions, sign any legal papers, or perform any activity that depends on your full concentrating power or mental judgment.
- **Do NOT** drink any alcohol or take nerve or sleeping drugs. They add to the effects of the medicine still present in your body.

**If a treatment is performed during the procedure, there is a slight risk of bleeding. If you receive treatment, we suggest that you follow the instructions below:**

- **Do NOT** take aspirin or similar anti-inflammatory medicines for 7 days.
- **Do NOT** exercise, jog, or do any heavy lifting or straining for 3 days.

**Potential common after effects and treatments following the procedure:**

- **Mild abdominal pain, bloating.** Rest, eat lightly and use a lozenge or gargle with warm water every 2 hours as needed for sore throat.
- **Redness and/or swelling where the IV was** - apply heat and elevate.



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**Procedure Date:** 4/9/2018 9:02 AM  
**Procedure Name(s):** Upper GI endoscopy  
**Date of Birth:** 6/24/1957  
**Patient MRN:** 7053  
**Patient Name:** Joseph Gagliardo

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**Symptoms to report to your physician:**

- Severe abdominal pain or bloating
- Chills or fever above 100 degrees occurring within 24 hours of the procedure
- Large amount of rectal bleeding that does not stop.
- Unable to keep down food or drink.
- IV site stays red or swollen for more than two days.

In case of an emergency, please contact **Paul Cohen, MD** at or go to the emergency room.  
We will be calling you in 24 - 72 hours to follow up on your condition.

---

Paul Cohen, MD  
Finalized Date: 4/9/2018 9:38:59 AM  
This report has been signed electronically.

**Digestive Diseases Diagnostic & Treatment Center**



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Brooklyn, N.Y. 11204  
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**Patient Letter**

**Physician: Paul Cohen, MD**

Patient:  
MRN: 7053  
DOB: 6/24/1957  
Gender: **Male**

**Dear Joseph Gagliardo**

This **Upper GI endoscopy** was performed on **Monday, April 09, 2018**. My impressions and recommendations are as follows:

Impressions :

- **LA Grade B reflux esophagitis. Rule out Barrett's esophagus. Biopsied.**
- **Small hiatal hernia.**
- **Gastritis. Biopsied.**
- **Duodenal erosions without bleeding.**
- **Normal second portion of the duodenum. Biopsied.**

Recommendations :

- **Patient has a contact number available for emergencies. The signs and symptoms of potential delayed complications were discussed with the patient. Return to normal activities tomorrow. Written discharge instructions were provided to the patient.**
- **Discharge patient to home (ambulatory).**
- **Await pathology results.**
- **Use Prilosec (omeprazole) 40 mg PO daily for 3 months.**
- **Perform a colonoscopy today.**

The images taken during this procedure are included. If I can be of further assistance, please feel free to contact me at (718) 221-0131.

Sincerely,



**Digestive Diseases Diagnostic & Treatment Center**



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Brooklyn, N.Y. 11204  
P. 718.339.5678  
F. 718.376.0405

**Patient Name: Joseph Gagliardo**  
**MRN: 7053**

**Colonoscopy Discharge Instructions**

You have undergone a Colonoscopy with **Paul Cohen, MD** on **Monday, April 09, 2018**.

**Findings:**

- One 3 mm polyp in the cecum, removed with a hot biopsy forceps. Resected and retrieved.
- One 5 mm polyp in the mid ascending colon, removed with a hot snare. Resected and retrieved.
- One 8 mm polyp in the mid ascending colon, removed with a hot snare. Resected and retrieved.
- One 3 mm polyp in the mid ascending colon, removed with a hot biopsy forceps. Resected and retrieved.
- One 3 mm polyp in the mid ascending colon, removed with a hot biopsy forceps. Resected and retrieved.
- One 3 mm polyp in the proximal descending colon, removed with a hot biopsy forceps. Resected and retrieved.
- One 5 mm polyp in the sigmoid colon, removed with a hot snare. Resected and retrieved.
- Diverticulosis in the entire examined colon.
- Non-bleeding internal hemorrhoids.
- The examination was otherwise normal on direct and retroflexion views.

**Your physician recommends:**

You have a contact number available for emergencies. The signs and symptoms of potential delayed complications were discussed with you. You may return to normal activities tomorrow. Written discharge instructions were provided to you.

You are being discharged to home.

We are waiting for your pathology results.

Your physician has recommended a repeat colonoscopy in one year for surveillance.

Return to my office in two weeks.

If you had a biopsy, follow-up on the results of the biopsy specimens in 2 weeks.

Repeat colonoscopy interval to be determined pending pathology.

Resume medications.

Reports of your procedure and these recommendations have been sent to:

**Please note the potential after effects documented in the following Discharge Instructions:**

Sedative medication given for procedures can slow your reaction time and coordination for many hours. If you receive medications, it is important for your safety to follow the instructions below for the remainder of the day:

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- Do NOT resume normal activities until tomorrow.
- Do NOT drive, return to work, or operate any machinery or power tools.
- Do NOT make any important personal or business decisions, sign any legal papers, or perform any activity that depends on your full concentrating power or mental judgment.
- Do NOT drink any alcohol or take nerve or sleeping drugs. They add to the effects of the medicine still present in your body.